



PATENT  
Attorney Docket No.: 134061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark S. Habedank, et al. :  
Serial No.: 10/653,337 : Group No.: 3745  
Filed: September 2, 2003 : Examiner: Nguyen, Ninh H.  
For: METHODS AND APPARATUS TO :  
REDUCE SEAL RUBBING WITHIN :  
GAS TURBINE ENGINES :

**Mail Stop: AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
  - Amendment in Response to the Office Action dated October 1, 2004 (12 pgs.)
  - Amendment Transmittal (3 pgs., *in duplicate*)
  - Return post card

**STATUS**

2. Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)**

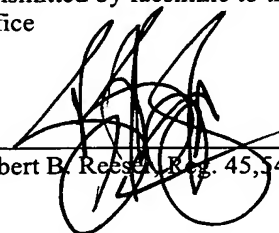
I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

✓ deposited with the United States Postal Service  
Express Mail, Post Office to Addressee, Label No. EV  
504791453 US, addressed to: Mail Stop:  
AMENDMENT, Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450.  
Date: November 18, 2004

**FACSIMILE**

transmitted by facsimile to the Patent and Trademark  
Office

  
\_\_\_\_\_  
Robert B. Reese, Reg. 45, 148

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ First month                 | \$ 110.00                      | \$ 55.00                            |
| _____ Second month                | \$ 400.00                      | \$ 200.00                           |
| _____ Third month                 | \$ 920.00                      | \$ 460.00                           |
| _____ Fourth month                | \$1,440.00                     | \$ 720.00                           |
| _____ Fifth month                 | \$1,960.00                     | \$ 980.00                           |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|---|---|---|------------------------------|--|----|--|
| TOTAL                                       | MINUS   | =   |                              | x \$9 = \$                             |    | x \$18 = \$  |
| INDEP.                                      | MINUS   | =   |                              | x \$42 = \$                            |    | x \$84 = \$  |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |   |                              | + \$130 = \$                           |    | + \$280 = \$   |
|   |   |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE \$                           |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) \_\_\_\_\_ Total additional fee for claims required \$

## FEE PAYMENT

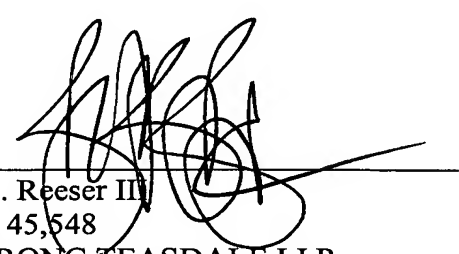
5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_
- \_\_\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.
- \_\_\_\_\_ A duplicate of this transmittal is attached.

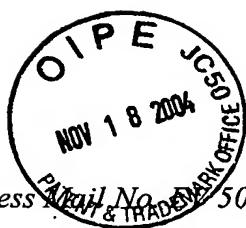
## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. \_\_\_\_\_ Other:

  
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 Reg. No. 45,548  
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 314/621-5070



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In response to the Office Action dated October 1, 2004, Applicants respectfully request consideration and entry of the following remarks: